

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL
LICENSING
APPLICATION FOR LICENSURE**

**CONTRACTOR
REINSTATEMENT &
FINANCIAL RESPONSIBILITY REVIEW**

DOPL-AP-095 Rev. 12/18/2000

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

1. Submit a "Certificate of Good Standing", a copy of the "Articles of Incorporation", the "Articles of Organization," or a computer printout from the Utah Division of Corporations. This is not required if the business entity is a sole proprietor operating under his own personal given name.

If the applicant's company is incorporated in another state, submit a copy of the "Utah Certificate of Authority" or "Business Name Registration" from the Utah Division of Corporations.

If the applicant is using any name other than the applicant's given name, submit a copy of the "D.B.A. Registration" filed with the Utah Division of Corporations. Adding any word(s), e.g., construction, masonry, plumbing, etc., to the given name requires a DBA registration.

2. Submit an original "Certificate of Insurance" issued by the applicant's public liability insurance carrier. The certificate must show coverage of at least \$100,000 for each incident and \$300,000 in total. The named insured and address of insured listed on the certificate must be the name and address of the applicant. DOPL must be named as the certificate holder at the U.S. mail address listed below.

This certificate is a separate document provided by your insurance agent. Copies of your policy are not acceptable. We are unable to accept incomplete or insufficient certificates. A temporary binder certificate will be acceptable only if it provides that a permanent certificate will be issued to the Division at or prior to the commencement of operations.

3. Submit the following documents if the applicant hires employees or intends to hire employees OR complete the “Affidavit Claiming No Employees” section of this application.
 - ❑ An original “Certificate of Insurance” issued by the applicant's workers' compensation insurance carrier. The named insured listed on the certificate must be the name and address of the applicant.

For an applicant whose office is located outside of Utah, the certificate must show that the insurance covers work performed by Utah employees.

For an applicant using a professional employer organization, submit an executed copy of the agreement and a certificate of workers' compensation insurance from the professional employer organization's insurance carrier.

- ❑ A copy of the registration form or quarterly billing from the Utah Department of Workforce Services - Unemployment Insurance. The document must show the applicant's name and account number printed on it by the department. The name on the account must be the same as the name on this application.
 - ❑ A copy of a return or payment coupon from the Utah State Tax Commission. The document must show the applicant's name and payroll withholding tax account number printed on it by the tax commission. The name on the account must be the same as the name on this application.
 - ❑ A copy of a return or payment coupon from the Internal Revenue Service (IRS). The document must show the applicant's name and federal ID number printed on it by the IRS. The name on the account must be the same as the name on this application.
4. Submit **one** of the following to demonstrate the financial responsibility of the applicant.
 - ❑ Completed and signed questionnaire, or
 - ❑ A DOPL Aggregate Bond Limit form filled out and signed by the applicant and the applicant's bonding company verifying an aggregate bonding limit. (These forms are available from DOPL upon request).
 5. Submit a license fee of \$100 plus a reinstatement fee of \$50, plus a \$100 reinstatement fee for the Residence Lien Recovery Fund (if you have not been exempted from joining the fund) for a total of \$250. Make the check payable to DOPL. If the license being reinstated has been expired in excess of 2 years contact DOPL for the amount of the license reinstatement fee.

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6091
(801) 530-6159
(801) 530-6730
(801) 530-6532

Utah Toll Free: (866) ASK-DOPL
(866) 275-3675

Fax Number:

(801) 530-6511

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APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

The business legal name is the name, which will appear on the license and is the actual name under which the contracting business will be conducted. If the applicant for licensure is a business entity, this is normally the name registered with the Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Construction. If you are going to operate under your own personal given name, this will also be your business name.

REINSTATEMENT FOR (check all that apply):

_____ Residence Lien Recovery Fund Reinstatement

_____ General Engineering Contractor (E-100)

_____ General Building Contractor (B-100)

_____ Residential and Small Commercial Contractor (R-100)

_____ Specialty (list title and number) _____

_____ General Instructor (list title and number) _____

BUSINESS LEGAL NAME: _____

QUALIFYING INDIVIDUAL'S NAME: _____

Qualifier's Social Security Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

BUSINESS ENTITY TYPE:

_____ C Corporation

_____ S Corporation

Utah Corporation No.: _____ Date of Incorporation: ____/____/____

_____ General Partnership

_____ Limited Partnership

Date of Partnership Agreement: _____

_____ Sole Proprietorship

_____ Limited Liability Company

Number: _____ Date Filed: ____/____/____

_____ Other Type of Business: _____

IDENTIFYING INFORMATION FOR BUSINESS ENTITY TYPE:

Supply the identifying information below for all elected officers and directors of a corporation (not required if publicly traded); all partners of a partnership; the sole proprietor of a sole proprietorship; all persons who are members or in management of a limited liability company or other type of business form. Use additional sheets if necessary.

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Mailing Address: _____

City _____ State: _____ Zip _____

Social Security Number: _____ % of ownership _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Mailing Address: _____

City _____ State: _____ Zip _____

Social Security Number: _____ % of ownership _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Mailing Address: _____

City _____ State: _____ Zip _____

Social Security Number: _____ % of ownership _____

Full Name: _____

Position Title: _____ Date of Birth: ____/____/____

Mailing Address: _____

City _____ State: _____ Zip _____

Social Security Number: _____ % of ownership _____

PUBLIC LIABILITY INSURANCE:

Name of Carrier: _____

Named Insured on the Certificate: _____

Address of Insured on the Certificate: _____

Amount of Coverage: Each Incident: _____ Total: _____

Expiration Date: _____

UTAH DEPARTMENT OF WORKFORCE SERVICES - UNEMPLOYMENT INSURANCE:

Name Under Which the Applicant is Registered: _____

Department of Employment Security Registered No.: _____

WORKERS' COMPENSATION INSURANCE:

Name of Carrier: _____

Named Insured on the Certificate: _____

Address of Insured on the Certificate: _____

Expiration Date: _____

UTAH STATE TAX COMMISSION:

Name Under Which the Applicant is Registered: _____

Employer Payroll Tax Withholding Identification No.: _____

INTERNAL REVENUE SERVICE (IRS):

Name Under Which the Applicant is Registered: _____

Federal Employer Identification No.: _____

LICENSES:

List all licenses, registrations, or certifications issued by any state which the applicant's qualifying individual(s) now hold or have ever held in a construction related occupation or profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

License No.: _____

License Status: _____

Effective Date: _____

AFFIDAVIT CLAIMING NO EMPLOYEES:

Applicant's Business Legal Name: _____

I being first duly sworn declare under penalty of perjury as follows:

I am authorized to sign this Affidavit on behalf of the above named applicant. The applicant does not at the present time hire employees and does not intend to do so within the foreseeable future. If the applicant later wishes to begin hiring employees, the applicant will first register with each of the payroll tax authorities and obtain worker's compensation insurance and provide evidence of each registration and a certificate of worker's compensation insurance to the Division. The applicant is being granted an exemption to the requirements of Utah Code Ann. Sections 58-55-302(2)(a) and (c) based upon this affidavit and agreement, the applicant's failure to fulfill the above requirements will be considered unprofessional conduct and may be the basis for disciplinary action which could include a warning,

reprimand, probation, suspension, or revocation of the applicant's contractor license. This affidavit is considered a public document and may be released to any party including payroll tax authorities.

Signature of Applicant or Applicant's Representative: _____

Date of Signature: _____

CONTRACTOR QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant:

1. _____ ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ ever held or do they now hold a contractor license in the State of Utah or in any other state?
3. _____ ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
4. _____ ever bid construction work, advertised or represented themselves in Utah as a contractor without holding a contractor license?
5. _____ ever filed for, been subjected to an involuntary petition for, or been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?

If the answer is "yes", include a copy of the bankruptcy schedules with this application.

6. _____ ever had been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
7. _____ ever pled guilty to, or no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?

If you answer "yes" to question 6 or 7, include with your application a copy of the police report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

8. _____ had a judgement entered against them in any court during the last 10 years?
9. _____ ever applied for and been denied a bond during the last 10 years?
10. _____ ever had a bonding company or surety make a financial settlement in their behalf?
11. _____ ever had a bonding company or surety revoke a bond or surety agreement executed in their behalf?
12. _____ ever been permitted to resign or surrender their contractor license while under investigation or while action was pending against them by any licensing agency, or criminal or administrative jurisdiction?
13. _____ currently guaranteed the loans or obligations of another party?
14. _____ ever applied for or become registered in the Residence Lien Recovery Fund under any name other than the name listed on this application?
15. _____ ever applied for or obtained payment from the Residence Lien Recovery Fund or ever had a

claim filed with the Fund as a result of construction activity in which they were involved?

16. _____ ever had a claim paid by the Residence Lien Recovery Fund for which they have not made full restitution?
17. _____ ever has been incarcerated for any reason in any Federal, State, or County Correctional Facility?

Does the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant:

18. _____ have any claims currently pending before the Residence Lien Recovery Fund as the result of construction activity in which they have been involved?
19. _____ now have any outstanding unpaid past due bills; claims for labor, materials or services; judgements, child support or alimony, assessments or liens resulting from acts or omissions of this applicant or any organization in which any such person was a member of the personnel?
20. _____ have any disciplinary action pending against them now by any licensing agency?
21. _____ Is the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant currently involved in any litigation.

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "yes" answer does not necessarily mean the applicant will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Applicant authorizes all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature: _____

Date of Signature: _____

Printed Name: _____

THIS FORM MUST BE RETURNED WITH THIS APPLICATION

Name(s) of any Guarantor(s) whose financial information is used in demonstrating financial responsibility for this application: _____

Guaranty type (corp., individual, etc.): _____ Date guaranty signed: _____

NOTE: DO NOT USE FINANCIAL INFORMATION THAT IS NOT THE APPLICANTS' UNLESS ALL GUARANTORS HAVE SIGNED A DOPL APPROVED GUARANTY FORM. CONTACT DOPL FOR THE CORRECT FORM.

Name shown on the financial statements or worksheets that are used for this application: _____

Date of the financial statements or worksheets used: _____

Financial statements type (check one):

CPA audited _____ CPA reviewed _____ Self prepared/Other _____

Working Capital¹ \$ _____ Total Assets² \$ _____

Total Liabilities³ \$ _____ Net Worth⁴ \$ _____

Net Income(loss)⁵ current year \$ _____ Net Income(loss)⁵ prior year \$ _____

¹**Working Capital:** current assets (cash and cash equivalents, i.e., cash, investments, accounts receivable, etc.) minus current liabilities (what is owed that is due to be paid in the next 12 months, i.e. payroll taxes, accounts payable, next 12 payments on all loans, credit cards, etc.).

²**Total Assets:** everything that is owned.

³**Total Liabilities:** all debt.

⁴**Net Worth:** total assets minus all liabilities.

⁵**Net Income(loss):** These numbers can be found on the current and previous year's tax returns as follows: 1040 - Schedule C line 31; 1040 EZ - Schedule C-EZ Part II Line 3; 1065 - Line 22; 1120 - Line 30; 1120S - Line 21).

NOTE: SAVE THE FINANCIAL STATEMENT(S), SUPPORTING DOCUMENTS (BANK STATEMENTS, ETC.), AND ANY GUARANTIES USED, FOR AT LEAST TWO YEARS BEYOND THE LICENSE ISSUE DATE. INFORMATION USED IS SUBJECT TO DOPL AUDIT.

NOTE: THIS WORKSHEET IS FOR YOUR CONVENIENCE ONLY. ITS USE IS NOT REQUIRED, BUT IF YOU DO USE IT, KEEP IT FOR FUTURE REFERENCE.

PERSONAL WORKSHEET

Name of INDIVIDUAL Whose Financial Information is Presented Here: _____

Date Financial Information Represents: _____

<u>ASSETS</u>			
	CURRENT	NON CURRENT	TOTAL
Cash (saving & checking accounts)	_____		
Cash Equivalents (401K, IRA's, stocks, bonds, etc.)	_____		
Accounts Receivable (money to be received from others)	_____		
Inventory (items to be sold or used in construction)	_____		
Work in Progress (not counted in accounts receivable)	_____		
Equipment (see schedule on back)		_____	
Personal Residence Real Estate		_____	
Other Real Estate (rental properties, land)		_____	
Other Assets (provide detailed explanation)		_____	
TOTAL ASSETS (Total Above Lines)	A _____	+ B _____	= C _____

<u>LIABILITIES & OWNER'S EQUITY</u>			
	DUE WITHIN ONE YEAR*	DUE AFTER ONE YEAR**	TOTAL
Accounts Payable (money individual owes to others)	_____		
Taxes Payable (payroll taxes, income taxes, etc.)	_____		
Equipment Payable (see schedule on back)	_____	_____	
Personal Residence Payable	_____	_____	
Other Real Estate Payable	_____	_____	
Notes Payable (operating loans)	_____	_____	
Credit Cards	_____	_____	
Other Liabilities (provide detailed explanation)	_____	_____	
TOTAL LIABILITIES (Total Above Lines)	D _____	+ E _____	= F _____
NET WORTH	C _____	- F _____	= G _____

*Due Within One Year: Monthly payment amount multiplied by 12 months.

**Due After One Year: Total amount due minus amount due within one year.

Working Capital (Line A minus Line D) _____

Total Assets (Line C) _____

Net Worth (Line C minus Line F = Line G) _____

Net Income (From Federal Income Tax Return) _____

EQUIPMENT SCHEDULE: Construction equipment, tools, work vehicles, office equipment, etc. (Only assets used in your construction business should be listed here. Small power tools, hand tools, etc may be grouped under "miscellaneous" category)

Description (Year, Make, Model)	Year Purchased	Original Cost	Depreciated Book Value ***	Name of Lender	Loan Balance	Monthly Payment Amount	Balance Owing	
							Due Within One Year	Due After One Year

Total (Carry this amount to equipment line above) _____

***Depreciated Book Value is original cost minus 10% per year.

Use Additional Pages as Necessary Following Same Format As Above.

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BUSINESS ENTITY WORKSHEET

Name of BUSINESS ENTITY Whose Financial Information is Presented Here: _____

Date Financial Information Represents: _____

ONLY INCLUDE ASSETS AND LIABILITIES HELD DIRECTLY BY THE BUSINESS ENTITY

	<u>ASSETS</u>			
	CURRENT	NON CURRENT	TOTAL	
Cash (saving & checking accounts)	_____			
Cash Equivalents (stocks, bonds, etc.)	_____			
Accounts Receivable (money to be received from others)	_____			
Inventory (items to be sold or used in construction)	_____			
Work in Progress (not counted in accounts receivable)	_____			
Equipment (see schedule on back)		_____		
Other Assets (provide detailed explanation)		_____		
TOTAL ASSETS (Total Above Lines)	A _____	+ B _____	=	C _____

	<u>LIABILITIES & OWNER'S EQUITY</u>		
	DUE WITHIN ONE YEAR*	DUE AFTER ONE YEAR**	TOTAL
Accounts Payable (money business entity owes to others)	_____		
Taxes Payable (payroll taxes, income taxes, etc.)	_____		
Notes Payable Equipment (see schedule on back)	_____	_____	
Notes Payable Shareholders (loan to business entity owners)	_____	_____	
Notes Payable (operating loans)	_____	_____	
Credit Cards	_____	_____	
Other Liabilities (provide detailed explanation)	_____	_____	
TOTAL LIABILITIES (Total Above Lines)	D _____	+ E _____	= F _____

NET WORTH	C _____	- F _____	= G _____
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*Due Within One Year: Monthly payment amount multiplied by 12 months.

**Due After One Year: Total amount due minus amount due within one year.

Working Capital (Line A minus Line D) _____

Total Assets (Line C) _____

Net Worth (Line C minus Line F = Line G) _____

Net Income (From Federal Income Tax Return) _____

EQUIPMENT SCHEDULE: Construction equipment, tools, work vehicles, office equipment, etc. (Only assets used in your construction business should be listed here. Small power tools, hand tools, etc may be grouped under "miscellaneous" category)

[illegible]**Total** (Carry this amount to equipment line above) _____

***Depreciated Book Value is original cost minus 10% per year.

Use Additional Pages as Necessary Following Same Format As Above.

NOTE: SAVE THE FINANCIAL STATEMENT(S), SUPPORTING DOCUMENTS (BANK STATEMENTS, ETC.), AND ANY GUARANTIES USED, FOR AT LEAST TWO YEARS BEYOND THE LICENSE ISSUE DATE. INFORMATION USED IS SUBJECT TO DOPL AUDIT.